

FSA-440 (10-04-04)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	1. State and County Code	2. Application Date (MM-DD-YYYY)
FLORIDA VEGETABLE AND TROPICAL FRUIT DISASTER PROGRAM APPLICATION		3. County Office Name	

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Section 32 of the Act of August 24, 1935. The information will be used to determine eligibility in accordance with the requirements of the Federal Register Notice for applicants who are requesting Florida Vegetable and Tropical Fruit Disaster Program benefits. Furnishing the requested information is voluntary, however, failure to furnish the requested information will result in a determination of ineligibility for Florida Vegetable and Tropical Fruit Disaster Program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal or to other requests for information. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001, 1004; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency generally may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0247. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

PART A - PRODUCER INFORMATION

4A. Producer's Name	4C. Producer's Address (Including Zip Code)	5. Producer's Tax ID Number
4B. Telephone Number (Including Area Code)		

PART B - PAYMENT INFORMATION

Payments will be made only for those fields having crop losses of 50% or greater and only for losses due to 2004 hurricanes Charley, Frances, and/or Jeanne only in Florida counties designated by FSA. For plasti-culture crops, "double cropped" means any instance in which the crop lost or prevented from planting was or would have been a second or later crop use of the plastic. Practice I and II are reserved only for original, first-time plastic use. Payments are for approved vegetable and non-citrus fruit crops only and are subject to the definitions, provisions, modifications, payment and income limitations, geographical and other limitations, future crop insurance requirements and other conditions provided for in the Federal Register notice for this program or additionally imposed by FSA. Losses must be in qualifying counties for that crop as identified by FSA. These tropical fruits will be only those identified by FSA. Coverage of tropical fruits is limited to Lee County and to those areas within Bands I and II of the Section 32 citrus program covering similar losses for citrus as identified by FSA. Fruit losses receiving coverage under the Florida Citrus Disaster Program are not eligible for tropical fruit payments in this program. Actual losses or costs must equal or exceed payment amount. The chart below provides the qualifying loss levels and announced payment rates per acre.

Tier	Insured/Noninsurable Rate	Uninsured Rate
Practice I = Plasti-culture vegetable crop loss (first crop use only)	\$ 2500.00	\$ 2375.00
Practice II = Plasti-culture vegetable prevented planted (first crop use only)	\$ 2000.00	\$ 1900.00
Practice III = Plasti-culture vegetable "Double cropped" (second or later crop use loss or prevent planted crop loss)	\$ 1000.00	\$ 950.00
Practice IV = Nonplasti-culture vegetables crop loss	\$ 250.00	\$ 237.50
Practice V = Tropical fruit crop loss	\$ 5000.00	\$ 4750.00

PART C - LOSS INFORMATION AND CERTIFICATION

6. Do you have insurance or NAP coverage on any vegetable or tropical fruit crops in this county?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Enter the field number of the affected disaster area in Item 7A; enter the acres in the disaster affected field in Item 7B; enter the practice (see above) that represents the claims for payments in Item 7C; enter producer's share of acreage in Item 7D. (All entries subject to FSA verification)		

7A. Area	7B. Acres	7C. Practice	7D. Producer's Share

Certification by Applicant: I certify that I had at least 50 percent loss and the losses reflected on this application are the result of hurricanes Charley, Frances, and/or Jeanne exceed the payment amount sought, and all the information entered on this application is true and correct. Providing a false certification to the government may be punishable by imprisonment, fines and other penalties. All information provided herein is subject to verification by FSA. The provisions of criminal and civil fraud statutes that apply to this certification include 18 USC 286, 287, 371, 641, 651, 1001, 1004; and 31 USC 3729. I understand that these payments are subject to federal regulations found in 7 CFR Part 12, Part 1400, subparts A, B and C, and Part 718.6 and 718 subpart B, and to the definitions, provisions, modifications, payment and income limitations, geographical and other limitations, future crop insurance requirements and other conditions provided for in the Federal Register notice for this program or additionally imposed by FSA.

8A. Producer's Signature	8B. Date (MM-DD-YYYY)	
9A. COC Signature	9C. Date (MM-DD-YYYY)	9D. County FSA Office Name and Address (Including Zip Code)
9B. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	9E. Telephone Number (Including Area Code)	